

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-047368

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 64

Primary Registration District No. 4110

Registrar's No.

FILED DEC 26 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Chariton</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Salisbury</u> | | Length of stay in lb <u>35 yrs</u> | c. CITY OR TOWN <u>Salisbury</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>507 E 4th St.</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>507 E 4th St.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Elizabeth Ann Rafter</u> | | 4. DATE OF DEATH Month Day Year <u>Dec. 14 1963</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>10/15/1877</u> |
| 9. AGE (last birthday) <u>86</u> | | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Thomas Hill, Mo.</u> | |
| 11. BIRTHPLACE (City and state or country) <u>USA</u> | | 12. CITIZEN OF WHAT COUNTRY | |
| 13a. FATHER'S NAME <u>William C. Johnson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Lucenda Lanning</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Michael Rafter</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>no</u> | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address <u>Eugene Smith Salisbury, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary atherosclerosis</u> DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u> <u>7</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION <u>Salisbury, Mo.</u> | | COUNTY STATE |
| 21. I attended the deceased from <u>Dec 14, 1963</u> to <u>Dec 14, 1963</u> and last saw her alive on <u>Dec 14, 1963</u> Death occurred at <u>7:30 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE <u>St. Harms</u> (Degree or title) | |
| 22b. ADDRESS <u>Salisbury, Mo.</u> | | 22c. DATE SIGNED <u>12-17-63</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Dec. 17, 1963</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Thomas Hill Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Thomas Hill, Mo</u> (State) |
| 24. FUNERAL DIRECTOR <u>Donald Wayne Berry, Salisbury, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>12-17-1963</u> | 26. REGISTRAR'S SIGNATURE <u>Clara Panncoat</u> | |

(Licensed Embalmer's Statement on Reverse Side)

JAN 30 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald W Berry

Licensed Embalmer No. 5240

P. O. Address Salisbury, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.